

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965335	(X3) DATE SURVEY COMPLETED R 07/30/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE PALMER RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 5111 PALMER RANCH PARKWAY SARASOTA, FL 34238	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 7/30/18 at Brookdale Palmer Ranch, an assisted living facility (license #9737) in Sarasota, Florida. This was a follow-up to the complaint survey completed on 4/5/18. The previous deficiency was found corrected and no new deficiencies were identified.		